FAMILY MEMBER YOUTH EMPLOYMENT APPLICATION

http://8tharmy.korea.army.mil/g1/cpd/area4cpac/default.htm

ALL STUDENTS MUST HAVE THEIR SOCIAL SECUIRTY NUMBER VERIFIED WITHOUT EXCEPTION. VALID PROOF OF SOCIAL SECURITY NUMBER INCLUDES A COPY OF THE STUDENT'S SOCIAL SECURITY CARD OR THE MOST RECENT TAX RETURN WHICH SHOWS DEPENDENT AND SOCIAL SECURITY NUMBER VERIFICATION. SPONSORS MAY SANITIZE THEIR TAX RETURNS TO OMIT FINANCIAL INFORMATION TO ENSURE THEIR PRIVACY.

PRIVACY ACT STATEMENT

AUTHORITY: EO 9397 PRINCIPAL PURPOSE: ELIGIBILITY DETERMINATION FOR YOUTH EMPLOYMENT PROGRAMS. VERIFICATION OF RELATIONSHIP, DEPENDENCY AND SOCIAL SECURITY NUMBER. DISCLOSURE: WE REQUEST YOUR SSN TO KEEP YOUR RECORDS STRAIGHT. OTHER PEOPLE MAY HAVE THE SAME NAME. AS ALLOWED BY LAW OR PRESIDENTIAL DIRECTIVE, WE USE YOUR SSN TO SEEK INFORMATION ABOUT YOU, SCHOOLS, BANKS, AND OTHERS WHO KNOW YOU. DISCLOSURE OF THE REQUESTED INFORMATION IN THIS APPLICATION IS VOLUNTARY. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION MAY RESULT IN DENIAL OF EMPLOYMENT.

STUDENT PACKOPOLIND INFORMATION												
STUDENT BACKGROUND INFORMATION 1. STUDENT NAME (LAST, FIRST, MI): 2. STUDENT SSN: 3. DOB (DD/MM/YYYY): SESSION												
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4. HOME TELEPHONE:	5. STUDENT CELL PHONE:	6. STUD	DENT E-MAIL ADDF	RESS:		RPA TF	RACKER	HI-				
						TI SOUTH BUILDING						
7. MAILING ADDRESS (APO ADDRESS):												
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SPONSOR INFORMATION												
8. SPONSOR NAME (LAST, FIRST, MI):			9. WORK TELEI		10. SP	ONSOR CELL PH	ONE:					
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11. SPONSOR'S ORGANIZATION:			42 SDONSOP	'S MILITARY E-MAIL ADD	ancee.							
11. SPUNSOR S ORGANIZATION.		1	12. SPUNSON	S MILITART E-MAIL ADD	KESS.							
SPECIAL SKILLS AND EDUCATION												
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13a. DO YOU SPEAK A FOREIGN LANG 14. PLEASE DESCRIBE YOUR COMPUT	ACCOUNT OF THE PARTY OF THE PAR	□ NO	13b. IF YES, W	HICH LANGUAGES?								
14. FLEAGE DEGUNDE FOOT COM. C.	EK SKILLS.											
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17. YOUR SCHOOL PRINCIPAL OR GUID	DANCE COUNSELOR MUST CER	TIFY YOUR ST	ATUS AS A STUD	DENT:								
APPLICANT IS A STUDENT IN GOOD ST	FANDING AND HAS OR WILL CO	MPLETE THE !	FOLLOWING GRA	DE IN .IIINE 2005: 7	8 9	9 10	11	12				
SCHOOL REPRESENTATIVE (NAME, PO	CONTRACTOR AND AND AND AND ANALYSIS OF THE	MI LL. L.	OLLOWING S	DE IN OUNE LOSS.	i Sala			-				
SCHOOL REPRESENTATIVE (HAIRE, 1 O	/SITION, SIGNATURE).							<u></u> 9.0				
	COLLEGE STU	JDENTS - S	SCHOOL CEF	RTIFICATION			WW S					
18. WHAT IS YOUR MAJOR?	19. WHEN DO YOU ARRIV				DO YOU RE	ETURN TO COLLE	EGE?					
	A											
COLLEGE STUDENTS ARE REC	OUIRED TO SUBMIT THEIF	2 FALL 2006	A CLASS REGI	STRATION OR A LE	TTER FR	OM SCHOOL	PEGISTE	PAR				
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	AVAILABILIT	TY - CHOS	E ONE SESSI	ION ONLY								
		90 <u></u>										
21. WHICH SESSION ARE YOU AVAILABLE FOR (CHOSE ONLY 1 SESSION): COLLEGE SESSION 15T SESSION 2ND SESSION												
Note: If you do not submit a copy of your college certification with your application, you will not be considered for Summer Hire												
22. STUDENT SIGNATURE		-		23. DATE		-						
15. I Diff-Settin (Kinther) i tiritir masanishi i masanishi i masanishi i masanishi i masanishi i masanishi i												

计算的转换数据 16. 经销售的股份	PARENT/GUARDIAN CONSENT									
24. WORKING CONDITIONS. MY DEPENDENT HAS M	MORKING CONDITIONS. MY DEPENDENT HAS MY PERMISSION TO PERFORM THE FOLLOWING DUTIES:									
 □ CLERICAL JOBS (USUALLY IN AN OFFICE SETTING. MAY REQUIRE SOME LIFTING) □ LABOR JOBS (NON-SKILLED, <u>NON-HAZARDOUS WORK</u>, SUCH AS GRASS CUTTING, PAINTING, LIGHT LIFTING. MAY BE REQUIRED TO WORK OUTSIDE, OR IN DUSTY, HOT OR COLD ENVIRONMENTS) □ BOTH TYPES OF WORK 										
25. WHERE IS YOUR DEPENDENT AUTHORIZED TO W	VORK? PLEASE SELECT ACTIVITIES FROM ONLY	ONE AREA.								
AREA IV										
☐ CAMP WALKER ☐ CAMP HENRY ☐ CAMP CARROLL ☐ PUSAN / CAMP HIALEAH										
26. PARENT CONSENT, CERTIFICATION STATEMENT	OF UNDERSTANDING:									
I certify that I am the parent, sponsor, or legally appointed guardian of the dependent identified on this application. I certify that my child is eligible to receive SOFA support I understand that as the sponsor, I am responsible for ensuring that all forms and documents are completed, signed and submitted prior to the closing date of the Summer Hire vacancy announcement. I understand that incomplete applications will not be accepted. I understand that applications must be received in person at the CPAC prior to 1700 hours on the closing date of the vacancy announcement. I understand that student assignments are final and no changes in the student's employment assignment or location of employment will be made. I understand that if my dependent child fails to report to the Summer Hire in-processing at the designated place and time without informing the CPAC prior to the child's start date, the child will not be permitted to participate in the Summer Hire Program. Finally, I understand that by law the student's social security number must be verified. I understand that the only acceptable documentation for this is a copy of the student's social security card or a tax return.										
SPONSOR'S PRINTED NAME										
APPLICATION CHECKLIST										
27. IS YOUR APPLICATION COMPLETE?										
☐ FAMILY MEMBER YOUTH EMPLOYMENT APPLICATION FORM ☐ COPY OF SOCIAL SECURITY CARD OR PARENT TAX RETURN WITH SSN VERIFICATION ☐ FORM SF-181, RACE AND NATIONAL ORIGIN ☐ FORM SF-256, IDENTIFICATION OF HANDICAP ☐ SF-1199, DIRECT DEPOSIT FORM ☐ STATEMENT OF UNDERSTANDING ☐ DISTRIBUTION OF LEAVE AND EARNING STATEMENT AND W-4 INFORMATION ☐ COLLEGE STUDENTS - 2006 Fall Registration or Letter from Registrar										
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	 enter applicant's birthday 	>								
2006 06 26	 session start dates 	▶ 2006	6 07	24						
	 subtract dates to get age 	D								
DEPAR	TMENT OF THE ARMY IS AN EQUAL OPPORTUN	ITY EMPLOYER								